

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
JUN 15 2022

Bayfield Co.  
Planning and Zoning Agency

|              |                               |
|--------------|-------------------------------|
| Permit #:    | 22-0166                       |
| Date:        | 7-27-2022                     |
| Amount Paid: | \$75 Accy Bldg<br>7-11-22 JIG |
| Other:       |                               |
| Refund:      |                               |

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |   |  |  |  |  |  |                                      |  |                                 |  |                                |  |
|--|--|--|--|---|--|--|--|--|--|--------------------------------------|--|---------------------------------|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED   |  | <input type="checkbox"/> LAND USE      |  | <input type="checkbox"/> SANITARY               |  | <input type="checkbox"/> PRIVY             |  | <input type="checkbox"/> CONDITIONAL USE |  | <input type="checkbox"/> SPECIAL USE |  | <input type="checkbox"/> B.O.A. |  | <input type="checkbox"/> OTHER |  |
| Owner's Name: Todd Darst   |  | Mailing Address: P.O. 142              |  | City/State/Zip: Iron River 54847                |  | Telephone: 715-984-2413                    |  |  |  |                                      |  |                                 |  |                                |  |
| Address of Property: 17070 U.S. Hwy 2                                |  | City/State/Zip: Mason WI 54856         |  | Cell Phone: 715-299-9413                        |  |  |  |  |  |                                      |  |                                 |  |                                |  |
| Email: (print clearly) tdarst@triwest.net                            |  |  |  |   |  |  |  |  |  |                                      |  |                                 |  |                                |  |
| Contractor:  |  | Contractor Phone:                      |  | Plumber:  |  | Plumber Phone:                             |  |  |  |                                      |  |                                 |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | Agent Phone:                           |  | Agent Mailing Address (include City/State/Zip): |  | Written Authorization Required (for Agent) |  |  |  |                                      |  |                                 |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |  | Tax ID# 22202                                   |  | Recorded Document: (Showing Ownership)     |  |  |  |                                      |  |                                 |  |                                |  |
| NE 1/4, SW 1/4   |  | Gov't Lot                              |  | Lot(s)  |  | CSM  |  | Vol & Page V814 P1030                    |  | CSM Doc #                            |  | Lot(s) #                        |  | Block #                        |  |
| Subdivision:   |  |  |  |   |  |  |  |  |  |                                      |  |                                 |  |                                |  |
| Section 23, Township 47 N, Range 7 W                                 |  | Town of: Keystone                      |  | Lot Size  |  | Acreage 40                                 |  |  |  |                                      |  |                                 |  |                                |  |

|   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Shoreland                | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |  |   |
| <input checked="" type="checkbox"/> Non-Shoreland | Int stream  |   |  |   |

|  |   |   |  |  |   |  |
|--|---|---|--|--|---|--|
| Value at Time of Completion * include donated time & material \$3500 | Project   | Project # of Stories                    | Project Foundation                             | Total # of bedrooms on property          | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
| <input checked="" type="checkbox"/> New Construction                 | <input checked="" type="checkbox"/> 1-Story         | <input type="checkbox"/> Basement       | <input type="checkbox"/> 1                     | <input type="checkbox"/> Municipal/City  | <input type="checkbox"/> City   |  |
|  | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation            | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input checked="" type="checkbox"/> Slab       | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/>                | <input type="checkbox"/>                       | <input type="checkbox"/>                 | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Use        | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
|  | <input type="checkbox"/>                            | <input type="checkbox"/>                | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/>                 | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/>                 |
| <input type="checkbox"/>   | <input type="checkbox"/>                            | <input type="checkbox"/>                | <input type="checkbox"/>                       | <input checked="" type="checkbox"/> None | <input type="checkbox"/>  | <input type="checkbox"/>                 |

|  |               |              |               |
|--|---------------|--------------|---------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: _____ | Width: _____ | Height: _____ |
| Proposed Construction: (overall dimensions)                                    | Length: 26    | Width: 20    | Height: 12'   |

|   |                                     |  |            |                |
|---|-------------------------------------|--|------------|----------------|
| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )      |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )      |                |
|   |                                     | with Loft  | ( X )      |                |
|   |                                     | with a Porch   | ( X )      |                |
|   |                                     | with (2nd) Porch   | ( X )      |                |
|   |                                     | with a Deck  | ( X )      |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )      |                |
|   |                                     | with Attached Garage   | ( X )      |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )      |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )      |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )      |                |
|   | <input checked="" type="checkbox"/> | Accessory Building (explain) Pine's Shelter  | (26x20)    | 520            |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )      |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )      |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Todd Darst Tanny Darst  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5-25-22

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit P.O. Box 142 Iron River WI 54847

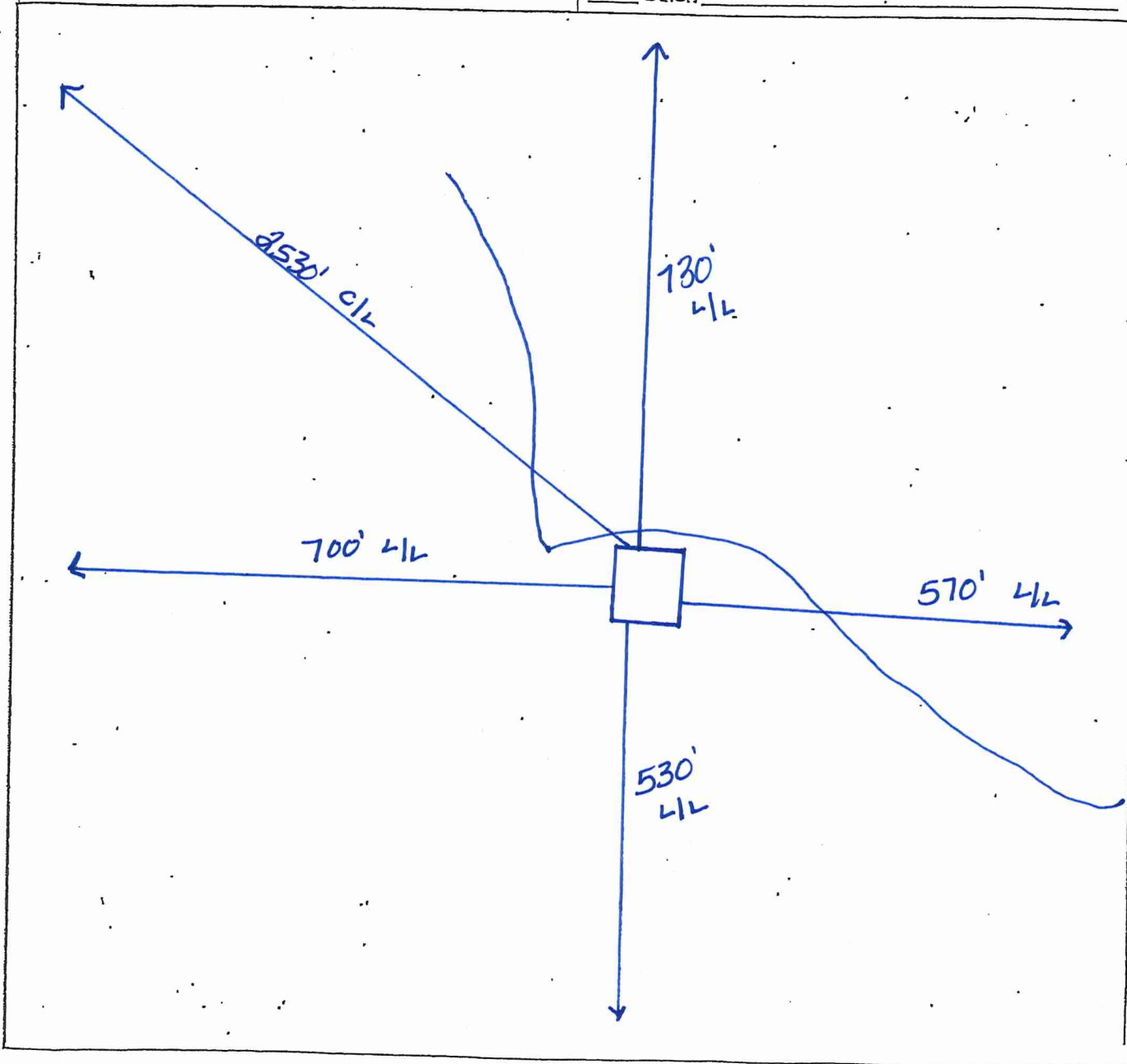
Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

# Field Investigation

|   |   |  |
|---|---|--|
| Date: <u>7/15/2022</u>                  | Arrive:                                       | Depart:  |
| Landowner: <u>Todd Darst</u>            | Photos taken:                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Project Location: <u>17290 US Hwy 2</u> | Persons Present:                              |  |
| Waterway:                               | Purpose of visit                              |  |
| PIN# _____ *Attach Real Estate Inquiry* | <input checked="" type="checkbox"/> ZP Onsite | <input type="checkbox"/> SAP                             |
| Paid \$ _____ Receipt # _____           | <input type="checkbox"/> Sanitary             | <input type="checkbox"/> Wetland Delineation             |
|   | <input type="checkbox"/> Floodplain           | <input type="checkbox"/> OHWM                            |
|   | <input type="checkbox"/> Boathouse            | <input type="checkbox"/> Complaint                       |
|   | <input type="checkbox"/> Averaging            | <input type="checkbox"/> Walkout                         |
|   | <input type="checkbox"/> Other: _____         |  |





Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

**BAYFIELD COUNTY**  
**PERMIT**

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No. **22-0166** Issued To: **Todd & Tammy Darst**

**Par in**  
Location: **NE** ¼ of **SW** ¼ Section **23** Township **47** N. Range **7** W. Town of **Keystone**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

**Residential Structure in F-1 zoning district**  
For: **Accessory: [ 1- Story ]; Picnic Shelter (20' x 40') = 800 sq. ft. ] Height of 17'**

**(Disclaimer): Any future expansions or development would require additional permitting.**

**Condition(s): Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs. Build as proposed. Town/State/DNR permits may be required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**July 27, 2022**

Date